



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E250776**

| | | |
|--------------------------------------|-------------------------------------------|--------------------------------------------------------|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input checked="" type="checkbox"/> |

| | |
|---------------------|---------|
| CASE # | 13-1415 |
| LOCAL AGENCY CODING | |
| TOTAL # OF UNITS | 02 |
| OBJECT STRUCK | |

| | | | | | | |
|--------------------|----------------|----------|-------|---------|-------|------|
| TRIBAL RESERVATION | | | | | | |
| M M D D Y Y Y Y | TIME (2400) | COUNTY # | MILES | CITY # | | |
| DATE OF COLLISION | 06 - 09 - 2013 | 1500 | 31 | N S E W | IN OF | 0664 |

| | | | |
|--------------------------------|---------------------------------------|------------------------------------------------------|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> | |
| 9601 MARKET PLACE | | BLOCK NO. | |
| | | MILE POST | |
| DISTANCE | | MILES | |
| | | FEET | |
| OF (REFERENCE OR CROSS STREET) | | | |

| | | | | | | | |
|---------|---------------------------------------------------|--------------------------------------|----------------------|-----------------------------------------|-----------------------------|-------|--|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | PHONE | |
|---------|---------------------------------------------------|--------------------------------------|----------------------|-----------------------------------------|-----------------------------|-------|--|

| | | | | | |
|-----------|---------|------------|--|----------------|--|
| LAST NAME | UNKNOWN | FIRST NAME | | MIDDLE INITIAL | |
|-----------|---------|------------|--|----------------|--|

| | |
|-------------|--|
| STREET | |
| NEW ADDRESS | |

| | | | | | |
|------|--|----|--|-----|--|
| CITY | | ST | | ZIP | |
|------|--|----|--|-----|--|

| | | | | | |
|-----|--|--------------|--|--------------|--|
| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

| | | | | | | | | | |
|--------------------|--|-------|--|-----|---|--------|--|--|--|
| DRIVER'S LICENSE # | | STATE | | SEX | U | D.O.B. | | | |
|--------------------|--|-------|--|-----|---|--------|--|--|--|

| | | | | | | | | | | | | | | | |
|---------|--------------------------|--------|--|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|--|
| ON DUTY | <input type="checkbox"/> | STATUS | | AIRBAG | 9 | RESTR. | 9 | EJECT | 9 | HELMET USE | 9 | INJURY CLASS | 0 | NATURE OF INJURIES | |
|---------|--------------------------|--------|--|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|--|

| | | | | | |
|-----------------|--|-------|--|------|--|
| LICENSE PLATE # | | STATE | | VIN# | |
|-----------------|--|-------|--|------|--|

| | | | | | | | |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

| | | | | | | | | | | | | | | | |
|-----------|--|------|--|-------|--|-------|--|---------------|------------------------------|----------------------------------------|----------|--|---------------|------------------------------|----------------------------------------|
| VEH. YEAR | | MAKE | | MODEL | | STYLE | | VEHICLE TOWED | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | TOWED BY | | GOVT. VEHICLE | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|-----------|--|------|--|-------|--|-------|--|---------------|------------------------------|----------------------------------------|----------|--|---------------|------------------------------|----------------------------------------|

| | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| REGISTERED OWNER INFO. | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | |
|-------------------------------|--------------------------|-------------------------|--|
| LIABILITY INSURANCE IN EFFECT | <input type="checkbox"/> | INSURANCE CO & POLICY # | |
|-------------------------------|--------------------------|-------------------------|--|

| | | | | | | |
|--------------------------|------------------------------|-----------------------------|------------|--|--------|--|
| VEHICLE LEGALLY STANDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | CITATION # | | CHARGE | |
|--------------------------|------------------------------|-----------------------------|------------|--|--------|--|

| | | | | | | | | | | |
|---------|---------------------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------|----------------------|-----------------------------------------|-----------------------------|-------|---------------|---------------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | PHONE | D: 4255518783 | N: 3606910386 |
|---------|---------------------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------|----------------------|-----------------------------------------|-----------------------------|-------|---------------|---------------|

| | | | | | |
|-----------|---------|------------|---------|----------------|---|
| LAST NAME | ROBERTS | FIRST NAME | ALANNAH | MIDDLE INITIAL | J |
|-----------|---------|------------|---------|----------------|---|

| | |
|-------------|---------------------|
| STREET | |
| NEW ADDRESS | 419 SARATOGA STREET |

| | | | | | |
|------|---------------|----|----|-----|-------|
| CITY | GRANITE FALLS | ST | WA | ZIP | 98252 |
|------|---------------|----|----|-----|-------|

| | | | | | |
|-----|--|--------------|--|--------------|--|
| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

| | | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|---|--------|----|--|----|--|------|
| DRIVER'S LICENSE # | ROBERAJ0630M | STATE | WA | SEX | F | D.O.B. | 09 | | 14 | | 1994 |
|--------------------|--------------|-------|----|-----|---|--------|----|--|----|--|------|

| | | | | | | | | | | | | | | | |
|---------|--------------------------|--------|--|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|--|
| ON DUTY | <input type="checkbox"/> | STATUS | | AIRBAG | 9 | RESTR. | 9 | EJECT | 9 | HELMET USE | 9 | INJURY CLASS | 0 | NATURE OF INJURIES | |
|---------|--------------------------|--------|--|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|--|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | ACA8338 | STATE | WA | VIN# | 2D4GP44R93R253339 |
|-----------------|---------|-------|----|------|-------------------|

| | | | | | | | |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

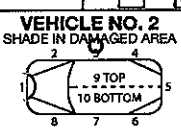
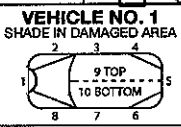
| | | | | | | | | | | | | | | | |
|-----------|------|------|------|-------|--------|-------|----|---------------|------------------------------|----------------------------------------|----------|--|---------------|------------------------------|----------------------------------------|
| VEH. YEAR | 2003 | MAKE | DODG | MODEL | CARAVA | STYLE | VN | VEHICLE TOWED | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | TOWED BY | | GOVT. VEHICLE | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|--------|-------|----|---------------|------------------------------|----------------------------------------|----------|--|---------------|------------------------------|----------------------------------------|

| | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| REGISTERED OWNER INFO. | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | |
|-------------------------------|-------------------------------------|-------------------------|-----------------------------|
| LIABILITY INSURANCE IN EFFECT | <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | STATE FARM 045 9287-F17-47B |
|-------------------------------|-------------------------------------|-------------------------|-----------------------------|

| | | | | | | |
|--------------------------|------------------------------|-----------------------------|------------|--|--------|--|
| VEHICLE LEGALLY STANDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | CITATION # | | CHARGE | |
|--------------------------|------------------------------|-----------------------------|------------|--|--------|--|

| | | | | | |
|------------------------|--------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | JEFF LAMBIER | BADGE OR ID # | 104 | AGENCY | WA0311900 |
|------------------------|--------------|---------------|-----|--------|-----------|





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E250776

CASE #

13-1415

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On June 10th 2013 I took a report from the driver of Unit 2 regarding her vehicle being damaged the day before (June 9th 2013) while parked in the parking lot of the Lake Stevens Target Store. unknown make, model or operator of Unity 1 struck Unit 2 on the right/rear quarter panel. the time of this collision likely occurred between 1430 and 1500 hours. At the time of this report there is no suspect information available. No injuries were reported, unit 2 was unoccupied at the time of the incident.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JEFF LAMBIER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-16-13 05:29 PM

DATED

PLACE SIGNED

APPROVED BY

JEFF LAMBIER 104

DATE

6/17/2013 8:28:43 AM

BADGE OR ID # 104

ORI # WA0311900

TIME POLICE DISPATCHED 3:28 PM

TIME POLICE ARRIVED 3:28 PM

Not Observed

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-1415

VICTIM / WITNESS

| | | | | | | | | | |
|-------------------------------------------|--------------------------------------------------------|------------------------------------------------|-----------------|-------------------------|------------------|---------------------|-------------------|----------------------|---------------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) <u>Alannah J. Roberts</u> | RACE <u>White</u> | ETH <u>F</u> | DOB <u>9/14/1994</u> | AGE <u>18</u> | HGT <u>5'7"</u> | WGT <u>190</u> | HAIR <u>blond</u> | EYES <u>blue</u> |
| STREET ADDRESS <u>410 Saratoga St.</u> | | CITY <u>Granite Falls</u> | | STATE <u>WA</u> | | ZIP <u>98252</u> | | RES. STATUS | |
| HOME PHONE <u>(360) 691-0386</u> | | CELL PHONE <u>(425) 551-8783</u> | | PLACE OF EMPLOYMENT | | | | | |
| WORK PHONE | | EMAIL ADDRESS <u>lana1994love@yahoo.com</u> | | | | | | | |

I, Alannah Roberts, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I stop by target to get ~~any~~ some perfume and gum, then I head over to my friends house. I parked my car on the side of the street because her driveway is full. When I'm leaving her house to go to church I see a large dent on the side of the vehicle I then call my dad and tell him.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|--------------------------------------|-------------------------------|----------------------------------------------------------|
| SIGNATURE: <u>Alannah Roberts</u> | DATE SIGNED <u>6/10/13</u> | LOCATION SIGNED <u>Lake Stevens Police Department</u> |
| OFFICER/NUMBER: <u>Cortez</u> | DATE SIGNED <u>6-10-13</u> | LOCATION SIGNED <u>Lake Stevens PD</u> |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

ORIGINAL

PAGE 1 OF 1

06/10/13 16:57:26 PRINT REQUESTED BY TERMINAL SSCN03

Incident History for: #SS13012990

Case Numbers: #SS13001415

Entered 06/10/13 15:28:30 BY SPCT01 SP0375
Dispatched 06/10/13 15:30:29 BY SPDP17 SP0100
Enroute 06/10/13 15:52:34
Onscene 06/10/13 16:48:48
Closed 06/10/13 16:57:03

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST
Src: T
Loc: 9601 MARKET PL ,LKS -- TARGET STORE ,LKS btwn SR 9 NE & 99 AV NE (V)

Loc Info: PKLOT

Name: ROBERTS, SHAWN Addr: Phone: 4258709708

/1528 (SP0375) ENTRY ,PH, COLD, HIT & RUN,
/1529 (SP0100) VIEWED
/1530 DISP SS1935 [PH]
#SS104 LAMBIER, OFFICER (JEFF)
/1540 (SP0293) \$PREMPT SS1935
/1552 DISPER SS1935 [PH]
#SS104 LAMBIER, OFFICER (JEFF)
/1557 (SS104) *CLEAR SS1935 D/A
, RP AND VEHICLE ARE IN GRANITEFALLS. WILL COME T
O PD AND MAKE REPORT.
/1557 CLOSE SS1935
/1631 (SP0100) REOPEN ,NO MORE INFORMATION
/1631 DISPER SS1935 [PD]
#SS104 LAMBIER, OFFICER (JEFF)
/1631 OK SS1935
/1648 (SS104) *ONSCNE SS1935
/1652 (SP0100) ASNCAS SS1935 \$SS13001415
/1657 CLEAR SS1935 D/H
/1657 CLOSE SS1935

LSPD
ORIGINAL